



**INTERIM ANNUAL INSPECTION CERTIFICATION**  
**Aboveground Storage Tank**  
**Not Fit for Service**

<b>AST Facility Name</b>	
Address	
City, State, Zip	
<b>Tank Owner Name</b>	
Telephone Number	
Email Address	
<b>Certifying Individual</b>	
Address	
City, State, Zip	
Telephone Number	
Email Address	
<b>Facility's/Owner's Tank ID #</b>	
<b>DEP Tank Registration Number (if issued)</b>	

I certify that I have personally examined and/or am familiar with the inspection performed on the AST listed above and that I am a person eligible to perform such inspection pursuant to W.Va. Code § 22-30-6 and/or 47 CSR 62-3. As no minimum standards have been adopted by the Act or by legislative rule as of the date of this certification, I certify pursuant to W. Va. Code § 22-30-6(a), based on my direct knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information, that the AST listed above is not fit for continued service. See attachment(s) documenting the deficiencies affecting the AST and my recommendations for abating said deficiencies including a schedule for abatement of deficiencies and any plans for repairs, replacement, and removal from service until the AST is made fit for service.

\_\_\_\_\_  
\*Signature of Certifying Individual

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
P.E. Registration #, STI Certification # or  
API Certification # (if applicable)

\_\_\_\_\_  
Registration/Certification Expiration Date  
(if applicable)

\_\_\_\_\_  
\*Please refer to Interpretive Rule §47-62-3 to determine who must certify your tank.